

## **The Epidemiology of Infectious and Chronic Diseases in Minority Communities**

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Mary G. McIntyre, M.D., M.P.H.  
Assistant State Health Officer for  
Disease Control and Prevention  
Alabama Department of Public Health



## **Disparities in HIV/AIDS Infection Between African Americans and Other Ethnic Populations in Alabama**

Alabama Department of Public Health



### **Objectives**

1. Learn about the Alabama Department of Public Health's (ADPH) role in the prevention and reduction/elimination of HIV/AIDS.
2. Identify sources of HIV/AIDS data highlighting existing HIV/AIDS related health disparities nationally and in Alabama.
3. Identify factors associated with HIV/AIDS related health disparities.
4. Learn about changes to the Alabama Notifiable Disease Law as it relates to HIV/AIDS.



### **ADPH's Role in HIV/AIDS Prevention, Reduction, and Elimination**

- ADPH formed the HIV/AIDS Division of Prevention and Control in 1987 to address the growing epidemic.
- HIV/AIDS Division includes the Direct Care, Prevention, Surveillance, and Quality Management branches.



### **ADPH's Role in HIV/AIDS Prevention, Reduction, and Elimination**

- Direct Care
  - Oversees the State's Ryan White Part B funded direct patient services including the State's AIDS Drug Assistance Program (ADAP).
- Prevention
  - Oversees prevention planning and program development services.
  - Collaborates to establish prevention partnerships.



### **ADPH's Role in HIV/AIDS Prevention, Reduction, and Elimination**

- Surveillance
  - Ongoing, systematic collection, analysis, and interpretation of data related to HIV/AIDS.
  - Provides demographic data for use in targeting prevention programs.
- Quality Management
  - Quality assessment and improvement by building and maintaining collaborative efforts between all funded programs.



## ADPH's Role in HIV/AIDS Prevention, Reduction, and Elimination

- HIV/AIDS Division has embraced the National HIV/AIDS Strategy.
- National HIV/AIDS Strategy Goals
  1. Reduce HIV Incidence,
  2. Increase access to care and optimize health outcomes,
  3. Reduce HIV-related health disparities.

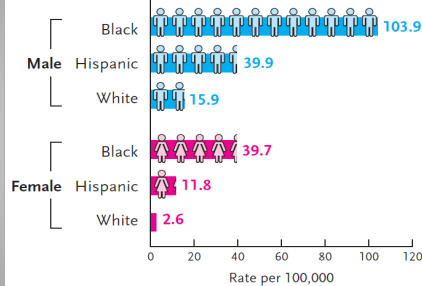


## HIV/AIDS Data Highlighting Health Disparities in the United States

- Blacks/African Americans(AF-AM) have been affected by HIV infection since the beginning of the epidemic.
- CDC's estimates show that AF-AM continue to bear the greatest burden of HIV.
- In 2009, while AF-AM represent approximately 14% of the U.S. population, **44% (n=21,200)** of all new HIV infections come from AF-AM.

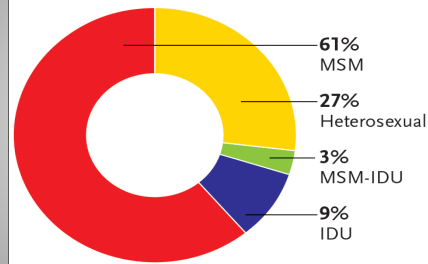


Estimated Rate of New HIV Infections, 2009, by Gender and Race/Ethnicity



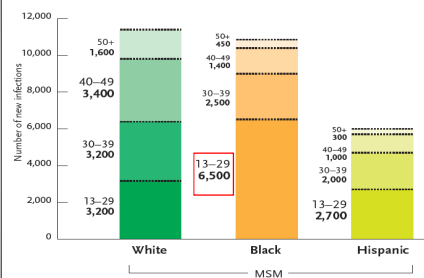
Source: Estimates of New HIV Infections in the United States, 2006-2009. CDC, August 1, 2011

Estimated New HIV Infections, 2009, by Transmission Category



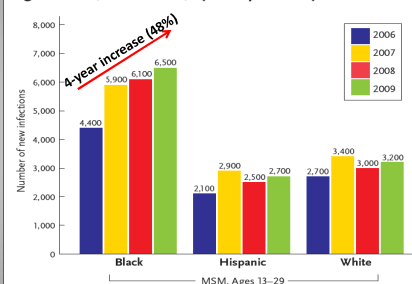
Source: Estimates of New HIV Infections in the United States, 2006-2009. CDC, August 1, 2011

Estimated Number of New HIV Infections among Men Who Have Sex with Men (MSM), 2009, by Race/Ethnicity and Age



Source: Estimates of New HIV Infections in the United States, 2006-2009. CDC, August 1, 2011

Estimated Number of New HIV Infections among Men Who Have Sex with Men (MSM), Ages 13-29, 2006-2009, by Race/Ethnicity



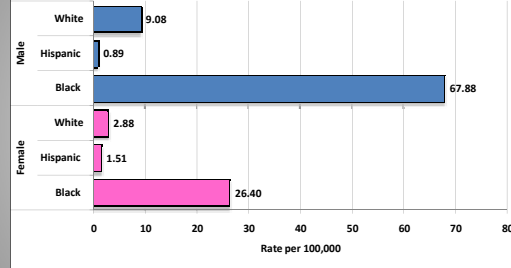
Source: Estimates of New HIV Infections in the United States, 2006-2009. CDC, August 1, 2011

### HIV/AIDS Data Highlighting Health Disparities in the Alabama

- As of July 1, 2011, 7,793 HIV cases and 9,881 AIDS cases have been reported to the Alabama Department of Public Health.
- Blacks/African Americans represent 26% of the state's population; however, **64.1% (n=11,329)** of all living HIV/AIDS cases in Alabama are from this group.



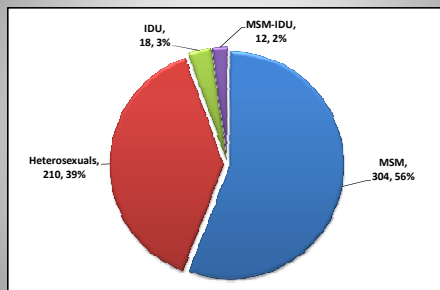
Rate\* of Reported HIV Cases by Gender and Race - Alabama, 2010



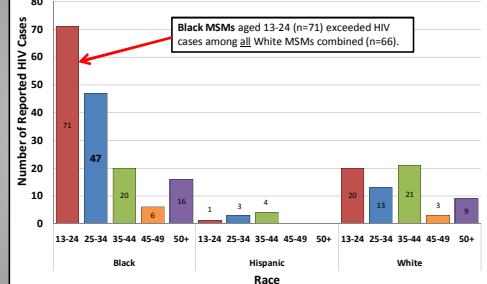
\*Source: U.S. Census Bureau (Alabama Population), 2010.



### Number of Reported HIV Cases by Transmission Category – Alabama, 2010



Number of Reported HIV Cases among Men Who Have Sex with Men (MSM) by Race and Age Group - Alabama, 2010



### Factors Associated with HIV/AIDS Related Health Disparities

- Lack of awareness of HIV status
- Stigma and discrimination against people living with HIV
- Limited access to quality health care and HIV prevention education.



### Factors Associated with HIV/AIDS Related Health Disparities

- Lack of awareness of HIV status
  - Expanded Testing Initiative (ETI)
    - In September 2010, the HIV/AIDS Division expanded rapid HIV testing in Alabama.
    - Purpose of the project is to make HIV testing more accessible for clients and a routine part of medical care for providers.
    - Project partners are the Primary Care Association, the UAB Emergency Department, and Historically Black Colleges and Universities



### Factors Associated with HIV/AIDS Related Health Disparities

- Stigma and discrimination against people living with HIV
  - Peer mentors
    - HIV-positive individuals who have shown maturity in handling their own disease status.
    - Newly diagnosed and stigmatized individuals identify with and trust peer mentors more readily than other HIV/AIDS workers.
    - Allows the peer mentor to address personal concerns and barriers to care.
  - Alabama Consumer Advisory Board (ACAB)
    - Sponsors an annual conference for HIV consumers.
    - Plans to conduct Alabama's first statewide consumer needs assessment in December 2011 through January 2012.



### Factors Associated with HIV/AIDS Related Health Disparities

- Limited access to quality health care and HIV prevention education.
  - AIDS Drug Assistance Program (ADAP)
    - Assists with obtaining medications for qualified individuals
  - Prevention Coordinators
    - Facilitate monthly network meetings to address prevention needs in their area.
    - Participate in health fairs, trainings, conferences to provide prevention education.



### Changes to the Alabama Notifiable Disease Law

- As of June 30, 2011, Alabama's Notifiable Disease Rule for HIV infection was updated to include the reporting of CD4 counts/percents and viral loads for persons with HIV.



### What Is Ideal Cardiovascular Health?

1. Absence of disease
2. Favorable levels of health factors
3. Favorable health behaviors



### Life's Simple 7

1. Never smoked or quit more than one year ago
2. Body mass index less than 25 kg/m<sup>2</sup>
3. Physical activity of at least 150 mins (moderate intensity) or 75 mins (vigorous intensity) each week
4. Four to five key components of a healthy diet consistent with current AHA guidelines
5. Total cholesterol of less than 200 mg/dL
6. Blood pressure below 120/80 mm Hg
7. Fasting blood glucose less than 100 mg/dL



### Healthy Diet (4-5 Dietary Goals met)

1. Fruits and vegetables:  $\geq 4.5$  cups per day
2. Fish (preferably oily):  $\geq 2$  3.5-oz servings per week
3. Fiber-rich whole grains (1.1 grams fiber per 10 grams carbohydrate):  $\geq 3$  1-oz-equivalent servings per day
1. Sodium:  $<1500$  mg per day
2. Sugar-sweetened beverages:  $\leq 450$  kcal (36 oz) /week

### Other Dietary Measures

1. Saturated fat:  $< 7\%$  of total energy intake
2. Nuts, legumes, and seeds:  $\geq 4$  servings/week
3. Processed meats:  $\leq 2$  servings/week

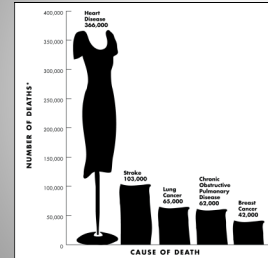


## Alabama Rankings

- Diabetes Prevalence – 50<sup>th</sup> (13%)
- Overweight/Obese – 50<sup>th</sup> (70%)
- Tobacco Tax – 47<sup>th</sup> (42.5 cents)
- Health Status (45<sup>th</sup>)



## Cardiovascular Diseases Are the No. 1 Killer of Women



- 40% of women die from heart disease or stroke.

- Two-thirds of women who have heart attacks never fully recover.



## Obstacles to Success

- We know what to do , but!
- Lack of public awareness about the debilitating, costly effects of cardiovascular disease and stroke
- Persons do not know the warning signs of heart attack and stroke



## Diabetes - Alabama 2010

Have you ever been told by a doctor that you have diabetes? By age

Race	Yes	Yes, pregnancy-related	NO	No, pre-diabetes or borderline diabetes
White	11.8%	0.5%	86.2%	1.6%
Black	16.5%	0.4%	81.5%	1.5%
Hispanic	8.1%	N/A	89.4%	2.6%



## Diabetes –Alabama 2010

Have you ever been told by a doctor that you have diabetes? by Age

Age	Yes	Yes, pregnancy related	No	No, pre-diabetes or borderline diabetes
18-24	2.4%	N/A	97.5%	0.1%
25-34	3.6%	1.1%	94.7%	0.6%
35-44	7.8%	0.8%	90.4%	1.1%
45-54	12.9%	0.3%	84.9%	2.0%
55-64	19.6%	0.3%	78.4%	1.6%
65+	23.4%	0.1%	73.8%	2.6%

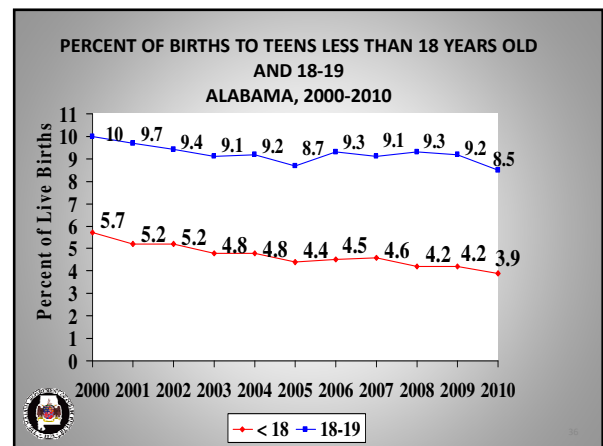
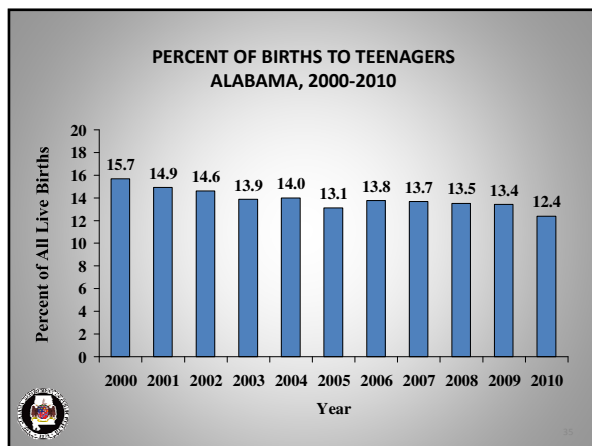
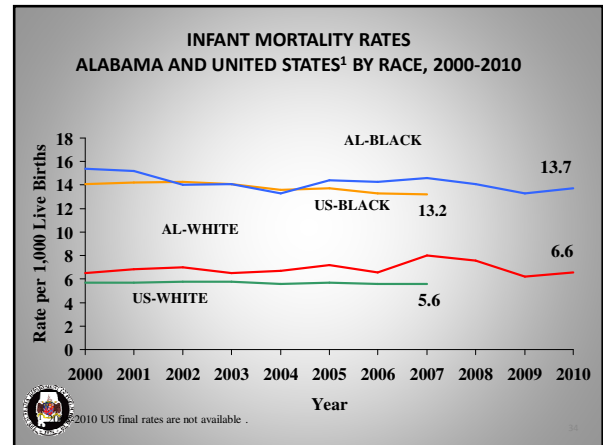
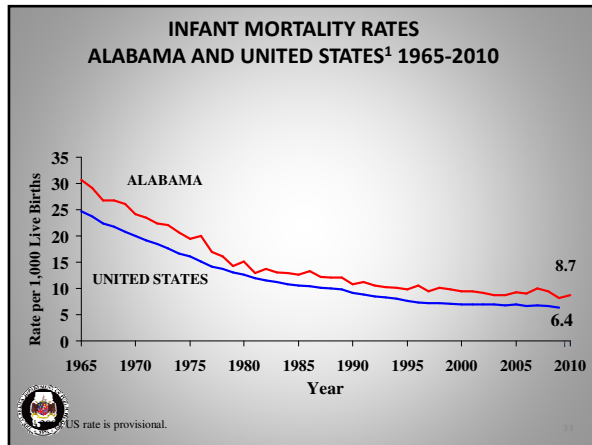
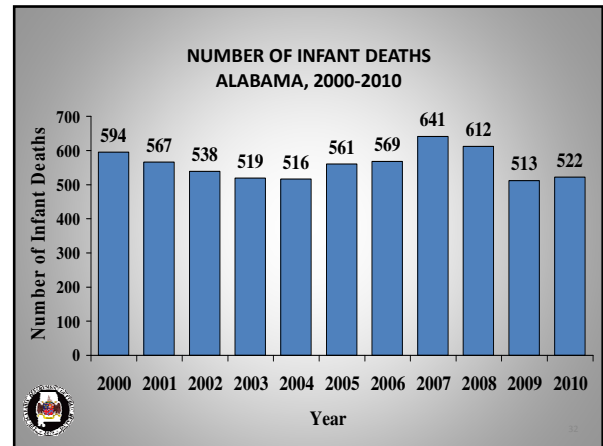
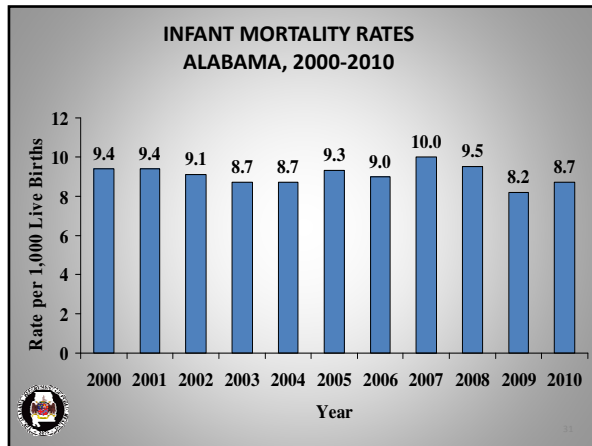


## Diabetes -Alabama 2010

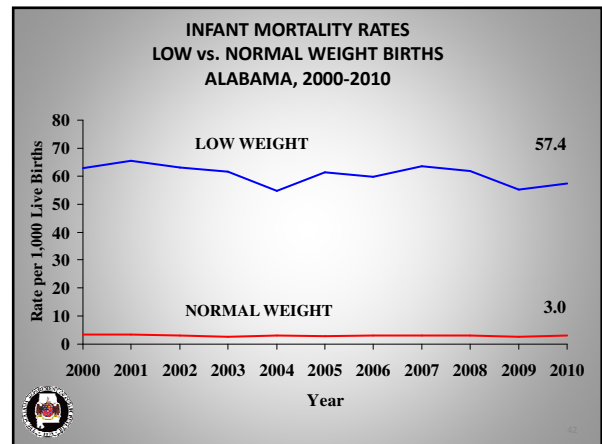
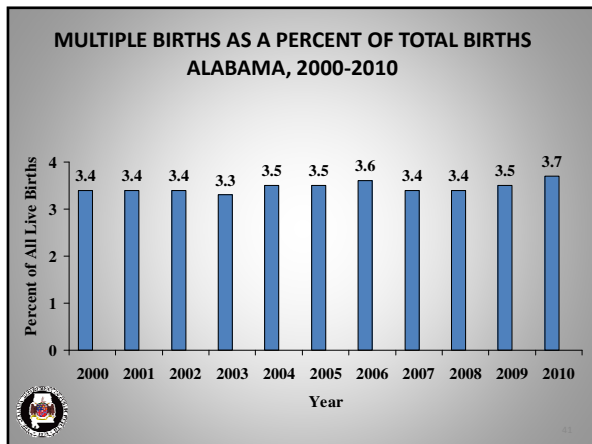
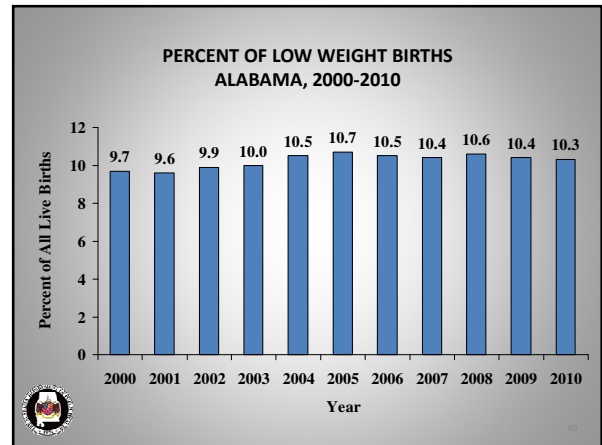
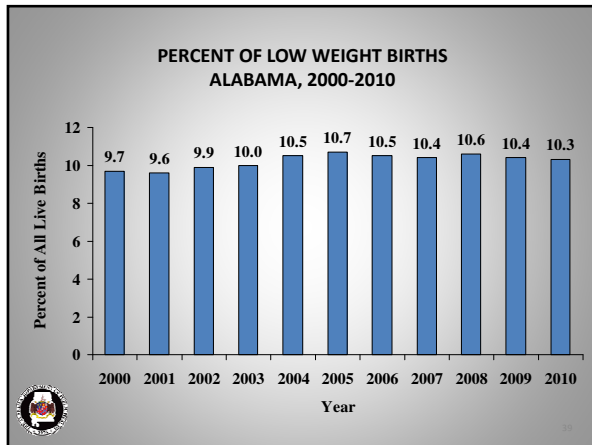
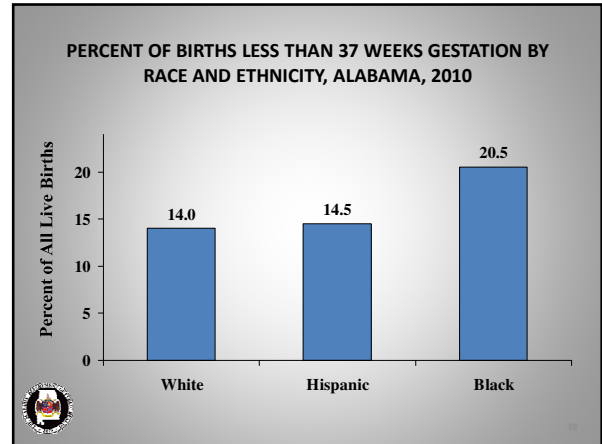
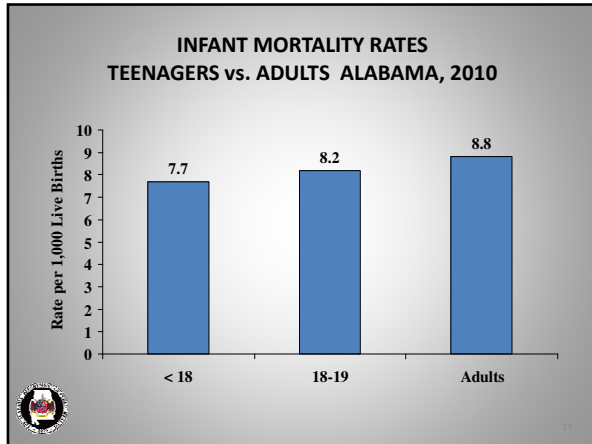
Have you ever been told by a doctor that you have diabetes? By Income

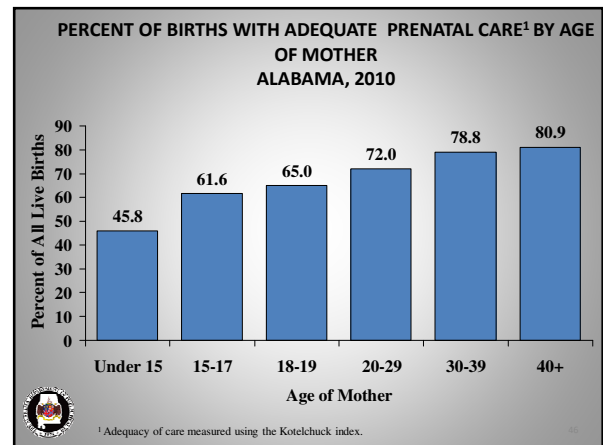
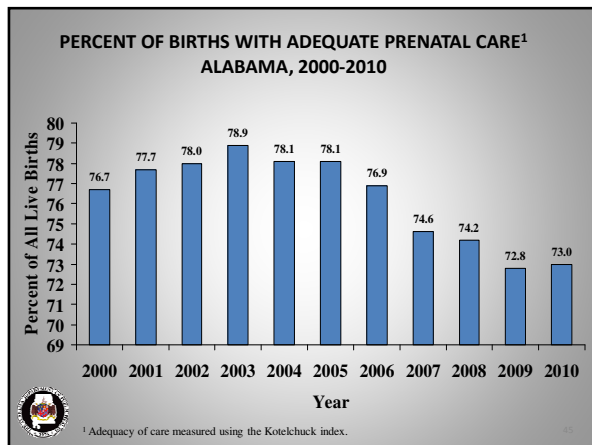
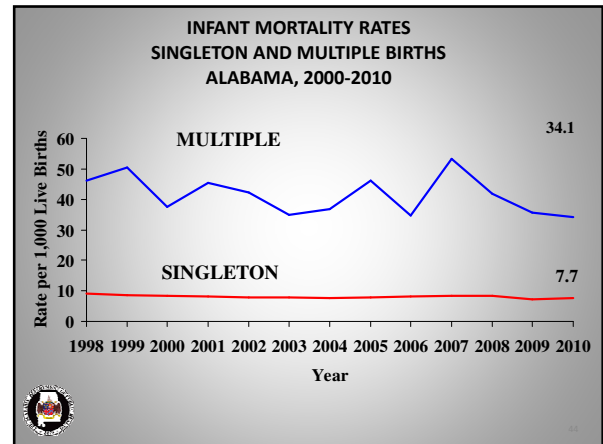
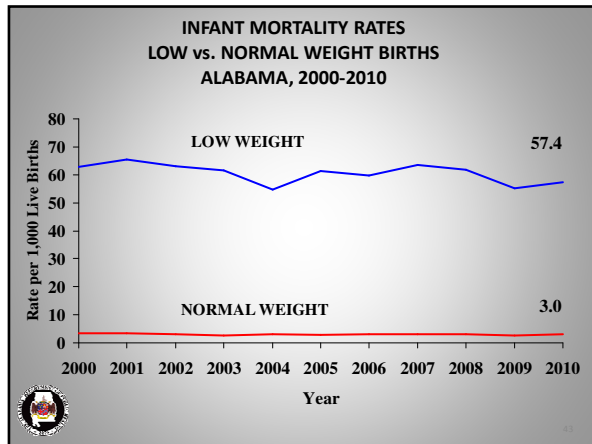
Income	Yes	Yes, pregnancy-related	NO	No, pre-diabetes or borderline diabetes
<\$15,000	20.4%	0.4%	76.6%	2.6%
\$15,000-24,999	17.3%	0.0	81.1%	1.6%
\$25,000-34,999	12.3%	1.2%	84.7%	1.8%
\$35,000-49,999	9.5%	0.1%	89.5%	0.9%
\$50,000+	9.8%	0.5%	88.5%	1.2%











**Conclusion**

**QUESTIONS?**



## Contact Information

Mary G. McIntyre, M.D., M.P.H.  
Alabama Department of Public Health  
Assistant State Health Officer for  
Disease Control and Prevention  
Phone: (334) 206-5325  
Email: [mary.mcintyre@adph.state.al.us](mailto:mary.mcintyre@adph.state.al.us)

